DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION TRUST LAND MANAGEMENT DIVISION 1535 Eleventh Avenue, 2nd Floor P. O. Box 201601 Helena, MT 59620-1601

APPLICATION FOR PERMIT TO TAKE AND REMOVE

	FROM STATE LANDS					
NAME OF APPLICANT:						
ADDRESS:						
CITY:		STATE:	ZIP	CODE:		
TELEPHONE:						
Application is hereby made	on the follo	wing describe	d land:			
SECTION:	TOWNS	TOWNSHIP: RANGE:				
PART OF SECTION:_	1/41/4_	¼;¼	<u></u> ¼¼;		41/4	
** <u>PLE</u>	ASE BREAK Γ	DESCRIPTION IN	TO 10 ACRES	PARCELS PARCELS		
COUNTY:	ACRES INVOLVED:					
The total quantity of				needed	l at this time will b	
	_	_ cubic yards,	which will b	e taken and	d removed prior to	
MONTH:	DAY:	YEAR:	, and ເ	ised for the	purpose of:	
	1.1					
IT IS HEREBY explicitly agree		nittee will pay	the set royal	lties.		
DATED THIS DAY OF	, 20					
APPLICANT SIGNATURE:						
Type or Print Name Here:						